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PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

09/781,129

Filing Date

02/09/2001

First Named Inventor

Wilson Zehr

Art Unit

2157

Examiner Name

Salad, Abdullahi Elmi

Attorney Docket Number

111219-135020

## ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment/Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
  - ☐ Petition to Convert to a Provisional Application
  - ☐ Power of Attorney, Revocation
  - ☐ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_
  - ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
  - Request to Withdrawal as Attorney or Agent and Change of Correspondence Address

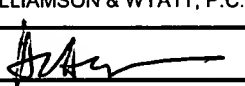
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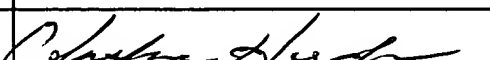
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SCHWABE, WILLIAMSON & WYATT, P.C.		
Signature			
Printed name	Aloysius T.C. AuYeung		
Date	11/08/2004	Reg. No.	35.432

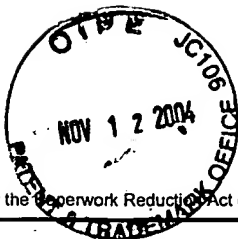
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PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/781,129
Filing Date	02/09/2001
First Named Inventor	Wilson Zehr
Art Unit	2157
Examiner Name	Salad, Abdullahi Elmi
Attorney Docket Number	111219-135020

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Our representation agreement with this client has been terminated.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Wilson Zehr				
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Country	USA				
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Signature					
Name	Aloysius T.C. AuYeung			Registration No.	35,432
Date	11/08/2004			Telephone No.	503-222-9981

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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